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PATENT ATTORNEY

OCT 26 2005

571-273-8300

## FACSIMILE TRANSMITTAL SHEET

TO: <b>ATTN OF:</b> Ms. Lashawn Morgan <b>USPTO</b>	FROM: DAVID D. WINTERS
COMPANY: Winters Patent Law	DATE: 26 OCT 2005
FAX NUMBER: 931-906-0131	TOTAL NO. OF PAGES INCLUDING COVER: 3
PHONE NUMBER: 931-906-4445	SENDER'S REFERENCE NUMBER: 030403 (R) ROBERTS
RE: Additional claims fees	YOUR REFERENCE NUMBER: 10/700,255

☒ URGENT    ☐ FOR REVIEW    ☐ PLEASE COMMENT    ☐ PLEASE REPLY    ☐ PLEASE RECYCLE

Notes/Comments: Regarding telephone conversation of 26 OCT 2005 with Lashawn Morgan concerning U.S. Patent Application 10/700,255 of Freddie Ray Roberts, docket number 030403 (R) ROBERTS, and documents filed 30 SEPT 2005 with USPTO, accompanying is a fee transmittal form and a credit card payment authorization form to affect payment of \$200.00 fees for 4 additional dependent claims and 1 additional independent claim.

The courtesy of your call and your timely disposition of this matter on behalf of my client is greatly appreciated.

Confidentiality Notice: This facsimile transmission may contain confidential or legally privileged information that is intended only for the individual or entity named in the address. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or reliance upon the contents of this transmission is strictly prohibited. If you have received this transmission in error, please reply to the sender, so that we can arrange for proper delivery, and then please destroy this document. Thank you.

2277-C SUITE 237, WILMA RUDOLPH BLVD  
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OCT 26 2005

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 200.00

**Complete if Known**

Application Number	10/700,266
Filing Date	11/03/2003
First Named Inventor	Freddie Ray Roberts
Examiner Name	Katrina B. Harris
Art Unit	3747
Attorney Docket No.	030403 (R) ROBERTS

**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP = 4	x	25.00	= 100.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP = 1	x	100.00	= 100.00

HP = highest number of independent claims paid for, if greater than 3.

**Multiple Dependent Claims**

Fee (\$)	Fee Paid (\$)
0	0

10/27/2005 MBINAS 00000043 10700255

01 FC:2202

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronic sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		0

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

**Fees Paid (\$)**

0

0

**SUBMITTED BY**

Signature

Registration No. 50,746  
(Attorney/Agent)

Telephone 931-906-4445

Name (Print/Type) David D. Winters

Date 26 OCT 05

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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